Application: Pre-Registration for Burial Determination

This application is used to assist the cemetery determine eligibility for burial at the lowa Veterans Cemetery. The application must be completed at the time of need or may be used for a pre-need determination. Pre-need determination is intended to simplify and assist the veteran's next-of-kin at the time of death. There is no cost for pre-need determination, nor does it obligate the veteran to be interred at the cemetery. Once eligibility is determined, the applicant will receive written confirmation either by regular mail or email.

SECTION 1: VETERAL	NINFORMATION				
First Name	Middle		Last		Suffix (Jr., Sr.)
Address			City		State
County	Zip	Phone		Cell	
Date of Birth (mm/dd/yyyy))	·····	Social Security#	· · · · · · · · · · · · · · · · · · ·	
☐ Male ☐ Female	☐ Married ☐ S	ingle	d	Is Veteran De	ceased?
Interment Preference:	☐ Cremated (in-gro	ound) 🗖 Cremat	ed (columbarium wall)	☐ Casketed	Unknown at this time
Will your spouse be buried	at the cemetery?	☐ Yes ☐ No	Is Spouse Deceas	ed? □Yes	□ No
SECTION 2: SERVICE	RECORD				
Branch(s) of Service	Highest Rank		Service Number (if applicable)		
Date(s) Entered	Date(s) Separated		Please include ALL periods of service (see Section 4)		
SECTION 3: SPOUSE	INFORMATION (A se	parate application is re	quired if also a veteran.)		
First Name	Middle		Last		Suffix (Jr., Sr.)
Date of Birth (mm/dd/yyyy))		Social Security #		
Interment Preference:	☐ Cremated (in-gro	ound) 🗖 Cremat	ed (columbarium wall)	☐ Casketed	☐ Unknown at this time
	3	,	,		
I certify that all of the inf	ormation provided is	rue and correct to	the best of my knowle	dge.	
SIGNATURE OF APPLICANT			Date:		
Email Address of Applican	t				
Note: If email address is	provided, approval le	tter will be sent via	email – not regular m	ail.	
Contact information (oth	er than applicant or s	oouse): Name			
Contact email		I	Phone	Re	elationship
SECTION 4:					
Please send this application	on and include a <u>copy</u> o	f the following docur	ments with your applicat	tion; <mark>do not sen</mark>	<mark>d originals</mark> :
	ALL discharge paper ter, valor awards, etc.) e elects to be buried in	work for a comple . Documents must the cemetery, a co	ete record of your se show date entered an	d separated as	e duty time; guard or reserve well as "character of service."
Mail application and sup	porting documents to	the following addr	ess:		
lowa Veterans Cemetery 34024 Veterans Memoria Adel, lowa 50003-3300 If you have additional qu Cemetery FAQs and onli	l Drive uestions, please call: (gov/vetcemetery.		
FOR CEMETERY USE OF	NLY				
Approved Denied (Reason Denied				